TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency	
Rule No:560-X-2307	
Rule Title: Calculation of Medicaid Prospective Paymer Hospitals . New Rule; X Amend; Repeal;	
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?no	
Is there a reasonable relationship between the state's police p of the public health, safety, or welfare?	ower and the protectionyes
Is there another, less restrictive method of regulation available protect the public?	e that could adequatelyno
Does the proposed rule have the effect of directly or indirectl of any goods or services involved and, if so, to what degree?	y increasing the costsno
Is the increase in cost, if any, more harmful to the public than result from the absence of the proposed rule?	the harm that mightno
Are all facets of the rulemaking process designed solely for they have, as their primary effect, the protection of the public ************************************	ne purpose of, and so ?
Does the proposed rule have any economic impact?n	0
If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, <u>Code of Alabama 1975</u> .	
Certification of Authorized Official	
I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, <u>Code of Alabama 1975</u> and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.	
Signature of certifying officer: Stephanic Lind	Day
Date:	0
**************************************	********
PUBLISHED IN VOLUMEISSU	JE NO.
EDITED AND APPROVED BY	DOCUMENT NO

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-23-.07 Calculation of Medicaid Prospective Payment Inpatient Rate for Out-of-State Hospitals

INTENDED ACTION: Amend 560-X-23-.07 Calculation of Medicaid Prospective Payment Inpatient Rate for Out-of-State Hospitals

<u>SUBSTANCE OF PROPOSED ACTION</u> The above referenced rule of the Administrative Code is being amended to change the methodology of calculating out-of-state hospital reimbursement for inpatient hospital treatment to reflect the changes approved by CMS in the most recent SPA.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than September 4, 2013.

<u>CONTACT PERSON AT AGENCY:</u> Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

Stephanie McGee Azar Acting Commissioner

Rule No. 560-X-23-.07 Calculation of Medicaid Prospective Payment Inpatient Rate for Out-of-State Hospitals

(1) Payment for inpatient services provided by all out-of-state hospitals shall be the lesser of the submitted covered charges or the Alabama flat rate which shall be composed of the average of the per diem rate paid to out of state hospitals in FY 2009 inflated annually by the Global Insight.shall be calculated as described in the Alabama Medicaid Agency State Plan and amendments thereto as currently approved by the Hospital Services and Reimbursement Panel.

<u>Author</u>: Keith Boswell, Director, Provider Audit/Reimbursement.

<u>Statutory Authority</u>: State Plan, Title XIX, Social Security Act, 42 C.F.R. Section 401, et seq.

<u>History</u>: Effective June 9, 1986. <u>Amended</u>: Emergency Rule filed and effective September 2, 2010. <u>Amended</u>: Filed September 20, 2010; effective December 17, 2010 <u>Amended</u>: Filed July 22, 2013.